

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/519315

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4				1		
5					1	
6					1	
7					1	
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50						
TOTAL IND.	1		1			
TOTAL DEP.	8	←	7	←	5	←
TOTAL CLAIMS	9	[REDACTED]	5	[REDACTED]	5	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS					[REDACTED]	[REDACTED]